| Appendix B:         | Quality Measures from Waiver 2013-2018  |                     |  |
|---------------------|---|---------------------|--|
| Responsible<br>Unit | Description of Measure  | Target Goal<br>FY14 |  |
| Intake              | Eligibility for waiver services is assessed when there is a reasonable indication that services will be needed in the future.   | 100%                |  |
| Intake              | Eligibility for waiver services is determined by applying the appropriate process and instruments.  | 100%                |  |
| SPCD                | People are evaluated for continued waiver eligibility on or before the effective date of their annual ISP including completing an LON assessment.   | 100%                |  |
| Waiver Unit         | Eligibility for waiver services is determined by a QDDP, with<br>the designated assessments in place including an LON, Social<br>Assessment, Psychological, and Medical Assessment.         | 100%                |  |
| PRMU                | Newly enrolled providers meet initial quality and business standards prior to service provision.  | 100%                |  |
| PCR                 | Certified providers train staff according to DDS policies and procedures.   | 100%                |  |
| Training            | Service Coordinators are trained on the waiver process for developing and managing ISPs in accordance with the approved waiver.   | 100%                |  |
| SPCD                | ISPs meet standards according to DDS policy and procedure.  | 100%                |  |
| SPCD                | ISPs are modified to address changes in people's needs.   | 100%                |  |
| SPCD                | ISPs address assessed needs including health and safety risk factors and personal goals.  | 100%                |  |
| Waiver Unit         | People's records include the Freedom of Choice forms that indicate they were afforded choice between and among waiver services and providers when they are determined eligible for service. | 100%                |  |
| SPCD                | People's records include documentation that the person was offered choice of services and choice of providers during the annual planning meeting.   | 100%                |  |

| IMEU        | SRIs are reported by 5 pm the next business day after it occurred or when it was discovered.  | 100% |
|-------------|---|------|
| PRMU        | Provider applications meet standards prior to enrollment in the IDD HCBS Waiver program   | 100% |
| PCR         | New providers pass initial certification within six months of initial delivery of service.  | 100% |
| Waiver Unit | Licensed clinicians continue to meet applicable licensure requirements.   | 100% |
| PCR         | Providers continue to meet applicable certification standards.  | 100% |
| QE/QI       | Providers correct identified deficiencies cited during certification reviews.   | 100% |
| PRMU        | Qualified providers of home and vehicle modifications and PERS maintain compliance with waiver standards.   | 100% |
| QE/QI       | Individuals receiving Home and Vehicle modifications and PERS services report satisfaction with providers of Home and Vehicle modifications and PERS services.  | 100% |
| SPCD        | The IDT completes the LON prior to the development of each person's ISP.  | 100% |
| SPCD        | ISPs reflect personal goals and needs identified through the LON assessment process.  | 100% |
| Intake      | Each individual's initial ISP is completed by the service coordinator and submitted to the Waiver Unit within 90 days of enrollment in the waiver.  | 100% |
| SPCD        | Each individual's annual ISP is completed by the service coordinator and submitted in accordance with established timelines prior to the service expiration date to the waiver unit for service re-authorization. | 100% |
| SPCD        | Annual ISPs are approved on time within 365 days of the prior ISP.  | 100% |
| SPCD        | ISPs are revised in response to the person's request, change in needs and change in supports.   | 100% |
| SPCD        | Individuals receive services described in their ISP in type, scope, amount, duration and frequency as specified in the ISP.   | 100% |

| SPCD  | The ISP contains documentation that the person was informed of his/her choice between institutional and community support.                                | 100% |
|-------|---|------|
| SPCD  | The ISP includes documentation that the person was given a choice of services and service providers.  | 100% |
| SPCD  | The ISP contains documentation that the person was given a fact sheet on how to report abuse, neglect, mistreatment and exploitation.                     | 100% |
| SPCD  | The Service Coordinator follows up on any serious reportable incidents in accordance with established guidelines.   | 100% |
| IMEU  | IMEU investigators respond to allegations of abuse and neglect and serious physical injury according to incident management policies.                     | 100% |
| IMEU  | Incident investigations are completed/closed on time, according to incident management policy and procedure.  | 100% |
| IMEU  | People are notified of the outcome of the incident investigation within 5 business days of the provider receiving the investigation report.               | 100% |
| IMEU  | Recommendations resulting from investigation of SRIs are implemented in accordance with the incident management policy and procedure.                     | 100% |
| QMD   | Death investigations are completed within 45 business days from the submission of the complete record as outlined in the mortality reporting procedure.   | 100% |
| QE/QI | The provider submits a plan of correction within 15 business days of receiving the MRC recommendations, as outlined in the mortality reporting procedure. | 100% |
| QMD   | Death investigations are reviewed by the MRC within 45 days of receipt of the death investigation report.   | 100% |
| QMD   | FRC recommendations to DDS are implemented within the assigned timeframe.   | 100% |
| QMD   | BSPs are approved by the DDS RCRC as outlined in the RCRC procedure.  | 100% |

| QE/QI | Issues are resolved within the assigned timeframes.               | 100% |
|-------|---|------|
| PCR   | Medications are administered by appropriately credentialed staff. | 100% |